MAXIMUS Federal Services

Case Number:	CM14-0089858		
Date Assigned:	07/23/2014	Date of Injury:	03/29/2001
Decision Date:	09/29/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 71 year old male who sustained an injury to his low back on 03/29/01 while unloading boxes he was standing on a pallet, his foot went through the pallet and twisted his left knee. Clinical note dated 10/18/13 reported that the injured worker complained of chronic low back pain, cervical neck pain and had a history of foot drop on the right side with bilateral shoulder pain. The injured worker continued to note radicular pain into the right groin and right upper thigh along the L2 to L3 distribution. The injured worker stated that he requires moderate assistance to complete assistance with the majority of his activities of daily living. He requires home health assistance on a daily basis. The injured worker also has difficulty with ambulation and requires assistance of his motorized scooter for most of his ambulation purposes. The injured worker is having headaches that stem from this and he continues to note difficulty swallowing, which he is currently being worked up at this time. Physical examination noted tenderness to palpation over the midline, as well as bilateral cervical facet joints at C2 to C6; lumbar spine examination revealed radicular component of the pain along the L2 to L3 distribution of the right upper thigh; healed midline incision; continued foot drop on the right side; motor weakness involving the right lower extremity persists above the level of the L5 to S1, L5 foot drop; motor weakness involving the quadriceps; difficulty with ambulation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Transportation to and from all appointments medical and ancillary: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg, Transportation (to and from appointments).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, Transportation (to & from appointments).

Decision rationale: The request for transportation to and from all appointments medical and ancillary is not medically necessary. The previous request noted that this request has been denied multiple previous reviews. The California Medical Treatment Utilization Schedule (MTUS) states that home health services are only recommended for specific medical treatments for injured workers who are homebound on a part time or intermittent basis. Medical treatment does not include homemaker services, personal care services and transportation services. The treating physician has presented no information on caregiver/family/friends available to drive the injured worker, as cited per guidelines. After reviewing the submitted clinical documentation, there is no additional significant information provided that would support the need to reverse the previous adverse determination. Given this, the request for transportation to and from all appointments medical and ancillary is not indicated as medically necessary.

Home health assistance 8 hours per day, 7 days per week (duration not provided) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The request for home health assistance eight hours per day, seven days per week (duration not provided) quantity: 1is not medically necessary. The previous request was denied on the basis that the need/purpose for the assistance is in performing activities of daily living, not providing any type of medical care. Home health assistance for such a purpose is very clearly addressed in the California Medical Treatment Utilization Schedule (MTUS). The Official Disability Guidelines (ODG) states that it is not recommended. The treating physician indicated the reason for this current review was for material change. There was no information regarding the nonmedical nature of the services requested to be provided as home health assistance or to the circumstances surrounding this industrial injury. Furthermore, the duration was not specified in the request. Given this, the request is not medically necessary.

L2-3 level, right-sided ESI QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The previous request was denied on the basis that there are complaints of pain in the L2 to L3 distribution and there are findings of motor weakness consistent with radiculopathy in the L2 to L3 distribution, and the most recent CT scan revealed stenosis above the fusion at the L2 to L3 level. There was guideline support for transforaminal lumbar epidural steroid injection at L2 to L3 and the request was certified. A very thorough review of the medical record reveals that the L2 to L3 injection was not done and an L5 to S1 epidural steroid injection was scheduled for 11/25/13, but was not performed either. The injured worker had MI in December 2013 and is now anticoagulated. There was no indication when it will be safe to perform an epidural steroid injection and there is no explanation why the prior certified injections were not carried out. After reviewing the submitted documentation, there was no additional significant information provided that would support the need to reverse the previous adverse determination. Given this, the request for L2 to L3 right sided epidural steroid injection is not medically necessary.